| Recipient Committee | | | | | COVERPAGE |
|--|---|--|--------------------------------------|--|---------------------------|
| Campaign Statement | Type or print in ink. | ink. | 三三三 | CALIF | CALIFORNIA 460 FORM |
| Government Code Sections 84200-84216 5) | | | • | | |
| | Statement covers period | Date of election if applicable: | JUL 2 6 2013 | 2013 Page 1 | of 7 |
| | from 01/01/2013 | (Month, Day, Year) | TY OF SANTA MARINE Official Use Only | A MARIA. | Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through 06/30/2013 | B | Clty Clerk | ¥ | |
| 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. | Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | | |
| X Officeholder, Candidate Controlled Committee | Primarily Formed Ballot Measure | ☐ Preelection Statement | _ | Cuarterly Statement | nent |
| O State Candidate Election Committee | Committee | Semi-annual Statement | JШ | Special Odd-Year Report | ar Report |
| (Also Complete Part 5) | Sponsored | | rmination) | Supplemental Preelection Statement - Attach Form 495 | reelection ch Form 495 |
| ☐ General Purpose Committee ○ Sponsored | (Also Complete Part 6) Primarily Formed Candidate/ | ☐ Amendment (Explain below) | low) | | |
| Small Contributor Committee Political Party/Central Committee | Officeholder Committee (Also Complete Part 7) | e. e | | | |
| 3. Committee Information | I.D. NUMBER 1342307 | Treasurer(s) | | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | | NAME OF TREASURER | | | |
| Patino for Mayor 2016 | | Tom Martinez MAKING ADDRESS | | | |
| STREET ADDRESS (NO P.O. BOX) | | 2624 Air Park Dr. CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| 2624 Airpark Drive | ZIP CODE AREA CODE/PHONE | Santa Maria, CA 93455 NAME OF ASSISTANT TREASURER, IF ANY | 55 ER. IF ANY | | 805-934-5737 |
| 1 :::::::::::::::::::::::::::::::::::: | Ċ | | | | |
| SALICA MAILIA, CA 33423 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | Trent Benedetti MAILING ADDRESS | | | |
| CITY STATE ZIP (| ZIP CODE AREA CODE/PHONE | 2151 S. College Dr., S CITY | Ste. 101 STATE | ZIP CODE | AREA CODE/PHONE |
| ODTIONIAL FAX / F MAII ADDDESS | | Santa Maria, CA 93455 | 50 | | |
| OF HONAL: TAX / E-WAL AUGARDO | | OFTIONAL: TAX / E-WAIL ADDR | 000 | | |

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| P. 147013 By Thous (Leasure of Treasure for Askital Treasure of T | By Signature of Controlling Officeholder, Candidate, State Measure Proponent | By Signalure of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05) FPPC Form 460 (January/05) FPPC Form 460 (January/05) FPPC Form 460 (January/05) Signalure of Controlling Officeholder, Candidate, State Melpline: 866/ASK-FPPC (866/275-3772) State of California |
|--|--|--|
| Executed on 7.1% | Executed on | Executed on |



| Officeholder or Candidate Controlled Committee | NAME OF BALLOT MEASURE INO | OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION OPPOSE | RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. | I.D. NUMBER | 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. | STREET ADDRESS (NO P.O. BOX) | STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPORT | NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPORT | | ADDRESS STREET ADDRESS (NO P.O. BOX) |
|--|--|--|---|---|----------------|--|------------------------------|---|--|-------------------|--------------------------------------|
| 5. Officeholder or Candi | NAME OF OFFICEHOLDER OR CANDIDATE Alice Patino | OFFICE SOUGHT OR HELD (IN | RESIDENTIAL/BUSINESS ADDF 2624 Airpark Drive | Related Committees In not included in this statemen contributions or make expensions. | COMMITTEE NAME | NAME OF TREASURER | COMMITTEE ADDRESS | СІТУ | COMMITTEE NAME | NAME OF TREASURER | COMMITTEE ADDRESS |

| mpaign Discourse Catellicity | mpaign Disclosure Statement |
|------------------------------|-----------------------------|
|------------------------------|-----------------------------|

| Campaign Disclosure Statement | Type or print in ink. Amounts may be rounded | Mater | Statement covers nariod | SUMMARY PAGE |
|---|--|---|---|--|
| Summary Page | to whole dollars. | from | 01/01/2013 | FORM 460 |
| SEE INSTRUCTIONS ON REVERSE | | through | 06/30/2013 | Page _3 of _7 |
| NAME OF FILER Patino for Mayor 2016 | | | | I.D. NUMBER 1342307 |
| Contributions Received | Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE | Calendar Year Sum Running in Both th | Calendar Year Summary for Candidates Running in Both the State Primary and |
| Schedule A, Line | \$ 322.00 | 322.00 | General Elections | ns 1/1 through 6/30 7/1 to Date |
| SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 297.00 | 32 | 20. Contributions Received | ક્ક |
| 4. Nonmonetary Contributions | \$ 297.00 | 322.00 | Ires | \$ |
| Expenditures Made 6. Payments Made | \$ 767.55 | 767.55 | Expenditure Limit Summary for State Candidates | Summary for State |
| 7. Loans Made Schedule H, Line 3 | 00.00 | 0.00 | 22. Cumulativ | 22. Cumulative Expenditures Made* |
| Accrued Expenses (Unpaid Bills)Schedule F. | 00.0 | | Date of Election | Total to Date |
| 10. Nonmonetary Adjustment | \$ 767.55 | 0.00 | (Initit/dd/yy) | 89 |
| Current Cash Statement | | | 1 | v |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 321.43 | To calculate Column B. add | | |
| 13. Cash Receipts | ï | amounts in Column A to the corresponding amounts | *∆morints in this section | *Amounts in this section may be different from amounts |
| 14. Miscellaneous Increases to Cash | 0.00 fr | from Column B of your last report. Some amounts in | reported in Column B. | |
| 3E Add Lines 12 + 13 + 1 | 1 1 | Column A may be negative figures that should be | | |
| If this is a termination statement, Line 16 must be zero. | s d ÷ | subtracted from previous period amounts. If this is | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0.00 | fire first report being fired for this calendar year, only carry over the amounts | | |
| Cash Equivalents and Outstanding Debts 18. Cash Equivalents | 25 S | from Lines 2, 7, and 9 (if any). | | |
| Add Line 2 | 00.00 | | FPPC Toll-Free Helplir | FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) |

Monetary Contributions Received **Schedule A**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

| I.D. NUMBER | |
|-----------------|-------------------------|
| + | through |
| Page 4 of 7 | through 06/30/2013 |
| FORM 400 | from 01/01/2013 |
| CALIFORNIA ARO | Statement covers period |
| SCHEDULE A | |

| 3307 | PER ELECTION TO DATE (IF REQUIRED) | | | | | | | |
|-----------------------|--|-----------------|--------------------------|-----------------|--------------------------------|--------------------------|-------------|--|
| 1342307 | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | | | | | | 8 | |
| | AMOUNT RECEIVED THIS PERIOD | | | | | | 00.0 | |
| | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS) | | | | | | \$UBTOTAL\$ | |
| | CONTRIBUTOR CODE * | IND COM SCC SCC | IND COM OTH SCC | IND COM OTH PTY | IND COM OTH PTY | IND COM OTH SCC | | |
| layor 2016 | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) | | | | | | | |
| Patinc for Mayor 2016 | DATE | | | | | | | |

Schedule A Summary

- (Include all Schedule A subtotals.) 1. Amount received this period – itemized monetary contributions.
- 2. Amount received this period unitemized monetary contributions of less than \$100\$
 - 3. Total monetary contributions received this period.

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee COM - Recipient Committee *Contributor Codes IND - Individual

> 00.0 322.00

↔

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

322.00

Schedule B - Part 1 Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1 7 å, CALIFORNIA I.D. NUMBER FORM D. Page ___ Statement covers period 06/30/2013 01/01/2013 through

| Patino for Mayor 2016 | | | | | | | 1342307 | |
|--|--|---|---------------------------------|--|--|--|--------------------------------------|---|
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTE, ALSO ENTER ID, NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FEEF-EMPLOYED ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCEAT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (9) CUMULATIVE CONTRIBUTIONS TO DATE |
| | | | | _ | | | | CALENDAR YEAR |
| | | | | S FORGIVEN | 69 | RATE % | , s | \$ |
| T IND COM OTH PTY SCC | | 69 | 69 | 69 | DATE DUE | 9 | DATE INCURRED | 69 |
| 1 | | | | □ PAID | | | | CALENDAR YEAR |
| | | | | \$ | · | RATE | 6 | \$ PER ELECTION *** |
| TO IND COM OTH PTY SCC | | 5 | 8 | 2 | DATE DUE | 69 | DATE INCURRED | S |
| | | | | □ PAID | | | | CALENDAR YEAR |
| | | | | \$ | ₩ | RATE | ₩ | \$ PER ELECTION *** |
| T IND COM OTH PTY SCC | | Ф | s | 69 | DATE DUE | 69 | DATEINCURRED | s |
| | | SUBTOTALS \$ | \$ 00.0 | \$ 00.0 | \$ 00.0 | 00.00 | | |
| Schodulo B Summary | | | | | | (Enter (e) on Schedule E, Line 3) | | |

Schedule B Summary

S (Total Column (b) plus unitemized loans of less than \$100.) 1. Loans received this period......

00.0

2. Loans paid or forgiven this period\$ (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.)

Enter the net here and on the Summary Page, Column A, Line 2.

OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee (other than PTY or SCC) COM - Recipient Committee **TContributor Codes** IND - Individual

25.00

-25.00 (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

** If required.

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

Patino for Mayor 2016

Amounts may be rounded to whole dollars. Type or print in ink.

~ þ CALIFORNIA I.D. NUMBER 9 1342307 Page __ Statement covers period 06/30/2013 01/01/2013

through

from

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

meetings and appearances member communications campaign paraphernalia/misc.

O D CTB S S S 2 <u>₽</u> 9

contribution (explain nonmonetary)* campaign consultants civic donations

independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees fundraising events legal defense

campaign literature and mailings

postage, delivery and messenger services professional services (legal, accounting) polling and survey research print ads 5 8 8 F

petition circulating office expenses phone banks

뜐동

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals voter registration THE WEB

t.v. or cable airlime and production costs

radio airtime and production costs returned contributions campaign workers' salaries candidate travel, lodging, and meals

information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | R DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|--------------------------|-------------|
| John Patino | MTG | Reimbursement | 347.95 |
| 609 Mill St. Santa María, CA 93458 | | | |
| PATTI RODRIGUEZ | MTG | Reimbursement | 150.89 |
| 3126 BUNFILL DRIVE Santa Maria, CA 93455 | | | |
| Benedetti & Associates, Inc. | PRO | | 51.60 |
| 2151 S. College Dr Ste 101 Santa Maria, CA 93455 | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

550.44

Schedule E Summary

- 00.0 767.55 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$ 2. Unitemized payments made this period of under \$100
 - 00.0 9
- 767.55

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made Schedule E

Amounts may be rounded Type or print in ink, to whole dollars.

7 늉 CALIFORNIA 7 FORM I.D. NUMBER 1342307 Page__ Statement covers period 01/01/2013 06/30/2013

through from SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patino for Mayor 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

meetings and appearances member communications contribution (explain nonmonetary)* campaign paraphernalia/misc. campaign consultants

polling and survey research office expenses petition circulating phone banks

independent expenditure supporting/opposing others (explain)*

candidate filing/ballot fees

G B B

CNS

fundraising events civic donations

campaign literature and mailings

legal defense

2295

TRS TRS VOT WEB postage, delivery and messenger services professional services (legal, accounting) print ads

campaign workers' salaries t.v. or cable airtime and production costs radio airtime and production costs returned contributions RAD SAL

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

candidate travel, lodging, and meals

voter registration information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|------------------------------------|-------------|
| Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 | C | | 76 76 |
| Santa Maria, CA 93455 | CWE | | |
| Boys and Girls Club of Santa Maria | | Check Voided | |
| 901 N Railroad Ave Santa Maxia, CA 93458 | CAC | | -400.00 |
| CORDARY KAREN | | Reimbursement for Keystone Jackets | |
| 1207 TOUCHSTONE LANE SANTA MARIA, CA 93454 | | | 345.32 |
| CORDARY KAREN | | Reimbursement | i i |
| 1207 TOUCHSTONE LANE SANTA MARIA, CA 93454 | | | N |
| Benedetti & Associates, Inc. | Cap | | |
| 2151 S. College Dr Ste 101 Santa Maria, CA 93455 | | | 14.73 |

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

217.11

SUBTOTAL \$

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.